

Please type a plus sign (+) inside this box → +

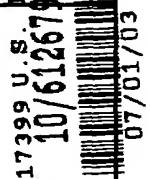
**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonapplications under 37 C.F.R. §1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \*Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status  
See 37 CFR 1.27
3.  Specification [Total Pages 27] ]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total sheets 1] ]
5.  Oath or Declaration [Total pages 1] ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR §1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

**Attorney Docket No.****PC23190A****First Inventor****Daniel S. Gierer****Title****A Pharmaceutical Composition Having Uniform Drug Distribution and Potency****Express Mail Label No.****EV272781770US**
**Mail Stop Patent Application**  
**Commissioner for Patents**  
**Box 1450**  
**Alexandria, VA 22313-1450**
**PTO**


17399 U.S. P.T.O.  
10/612679  
07/01/03

**ADDRESS TO:**

7.  CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
  - a.  Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies)
    - ii.  Paper
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement ]  Power of Attorney (*when there is an assignee*)
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449 ]  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)
15.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: \_\_\_\_\_ Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**18. CORRESPONDENCE ADDRESS**
 Customer Number or Bar Code Label    *(Insert Customer No. or Attach bar code label here)*    or  Correspondence address below
**\*28523\***

28523

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	Todd M. Crissey	Registration No. (Attorney/Agent)	37,807
Signature	<i>Jed M. Crissey</i>	Date	7/11/2003

**FEE TRANSMITTAL****for FY 2003** Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment** (\$1030)**Complete if Known**

Application Number	To be Assigned
Filing Date	Herewith
First Named Inventor	Daniel S. Gierer
Examiner Name	To be Assigned
Art Unit	To be Assigned
Attorney Docket No.	PC23190A

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **16-1445**

Deposit Account Name **Pfizer Inc.**

**The Commissioner is authorized to: (check all that apply)**

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES				Fee Description	Fee Paid
Large Entity	Small Entity	Fee Code	Fee (\$)		
		1051	130	2051	65
		1052	50	2052	25
		1053	130	1053	130
		1812	2,520	1812	2,520
		1804	920*	1804	920*
		1805	1,840*	1805	1,840*
		1251	110	2251	55
		1252	410	2252	205
		1253	930	2253	465
		1254	1,450	2254	725
		1255	1,970	2255	985
		1401	320	2401	160
		1402	320	2402	160
		1403	280	2403	140
		1451	1,510	1451	1,510
		1452	110	2452	55
		1453	1,300	2453	650
		1501	1,300	2501	650
Total Claims	15 -20**= 0 X 18 = 0	1502	470	2502	235
Independent Claims	3 -3**= 0 X 84 = 0	1503	630	2503	315
Multiple Dependent	280	1460	130	1460	130
** or number previously paid, if greater; For Reissues, see below		1807	50	1807	50
		1801	750	2801	375
		1806	180	1806	180
		8021	40	8021	40
		1809	750	2809	375
		1810	750	2810	375
		Other Fee (specify)			

\*Reduced by Basic Filing Fee Paid

<b>SUBTOTAL (2) (\$)</b>	<b>SUBTOTAL (3) (\$)</b>	
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**SUBMITTED BY**

Name (Printed/Type)	Todd M. Crissey	Complete (if Applicable)
Signature	<i>Todd M. Crissey</i>	Reg. Number 37,807
		Telephone 860 715 4331